



Crown Point Emergency Management
103 East Clark Street
Crown Point, IN 46307

Authorization for Release of Information

I, _____ authorize the Crown Point Emergency Management to obtain information regarding criminal, employment, and reference information. I understand that this is required in order for me to be considered for membership due to events and information that may be of a sensitive nature. I further release the City of Crown Point and the Crown Point Emergency Management from any and all liabilities that may come from this information.

Applicants Signature: _____ Date: _____

PERSONAL REFERENCES List 3 (minimum) references that are not related to you

Name	Address	Relationship

CRIMINAL BACKGROUND CHECK INFORMATION

Printed FULL Name: _____

Maiden Name (if applicable): _____

Nickname or Alias: _____ Sex: _____

Date of Birth: _____ Social Security Number: _____

DISCRIMINATION STATEMENT

The Crown Point Emergency Management will not accept nor reject any applicant base upon sex, age, race or religion. The Crown Point Emergency Management is an equal opportunity employer.